

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
March 6, 2018**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:50 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

Mayor Rob Putaansuu moved and Commissioner Charlotte Garrido seconded the motion to approve the agenda. The motion was approved unanimously.

BOARD MEETING MINUTES

Mayor Putaansuu moved and Mayor Greg Wheeler seconded the motion to approve the minutes for the February 6, 2018, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 1675 Amendment 1 (1797), *Washington State University, Food Insecurity Nutrition Incentive*
- 1749 Amendment 1 (1800), *Washington State Department of Health, Consolidated Contract*

Mayor Putaansuu moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on flu season. She said flu season in Kitsap County appears to be on the decline as there have been a reduced number of positive influenza tests and visits to physicians for influenza-like illnesses. She said visits to emergency departments for influenza-like illnesses are still elevated, however, they are also on the decline. Dr. Turner estimated there would be another four weeks of vigorous flu season and reminded the Board that it is important to continue preventative measures such as washing hands and staying home when sick.

Next, Dr. Turner provided the Board with an update on the Three County Coordinated Opioid Response Plan (3CCORP). The 3CCORP workgroups are currently on pause, while the Olympic

Community of Health (OCH) focuses on the Medicaid Demonstration waiver projects with providers in the three counties: Clallam, Jefferson and Kitsap.

She said opiate prevention work continues while workgroups are paused and noted that Governor Jay Inslee will likely sign the state safe medicine return bill which is very similar to the ordinance approved by this Board in 2016 (Ordinance 2016-02, Secure Medicine Return Regulations). Additionally, she said the OCH signed a contract with the University of Washington and the Kaiser Foundation Research Institute to work with 10 primary care practices across the region to assist them in redesigning the procedures and practices around opioid prescribing. Dr. Turner said she also invited Kitsap's pain clinic to participate and is awaiting their response.

Dr. Turner noted a few updates on the opioid use disorder treatment workgroup. The hub and spoke project funded by the CURES Act funds through the Washington State Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR) is funding a grant award obtained by Peninsula Community Health Services (PCHS) with allied spokes across the region, including the North Olympic Healthcare Network in Port Angeles. This project has already surpassed the goal of 200 treatment inductions by April 30th with 260 inductions so far. According to data from the state on the hub and spoke project in our region, 84 percent of patients are using buprenorphine and 16 percent are using Naltrexone. Additionally, 48 percent of patients are male and 51 percent are female. Half of the patients are in the age range of 26-35 years of age. Dr. Turner said she met with PCHS provider staff to thank them for their large contribution to increased Medication Assisted Treatment (MAT) access and to share with them the 3CCORP work so they could see the larger role they are playing.

Dr. Turner said MAT prescribers and substance use disorder (SUD) providers will begin meeting quarterly starting March 15th to develop community referral standards and make co-management of patients much more streamlined and beneficial for patients.

Dr. Turner announced that Salish Behavioral Health Organization (BHO) Executive Director, Anders Edgerton, confirmed last week that BayMark has signed leases with facilities in Port Angeles and Kitsap County and is starting to work on city permits.

Dr. Turner said the opiate overdose prevention workgroup is on pause, but is still refining its survey for agencies and entities across the region.

Additionally, Dr. Turner said the 3CCORP Steering Committee members met with US legislative staff and she attended a roundtable arranged by Senator Cantwell with many of the same partners. The gathering advocated for:

- National safe med return legislation
- Activity with Federal Drug Administration (FDA) to move naloxone off the drug schedules (OTC)
- Funds to support universal access to naloxone
- Funds to continue to support long term infrastructure to ensure all with Opiate Use Disorder (OUD) have access to evidence based treatment

- Funds for sustained outreach and education to reduce stigma of opiate use disorder and treatment
- Funding to support evidence-based clean syringe exchange harm reduction services
- Improvements in the prescription drug monitoring programs—perhaps national model

The Round Table also provided more information about Senator Cantwell’s “CARA 2.0” bill, which would incorporate many of the attendees’ requests. There was an article in the Kitsap Sun about this meeting.

Mayor Erickson commented that the region has come a long way in addressing the opioid epidemic compared to three years ago. Mayor Erickson also asked if Dr. Turner knows where in Kitsap County BayMark has signed a lease. Dr. Turner says she does not yet know the location. Mayor Erickson said the Board would like to know the location soon.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the board with a legislative update. He reminded them that February 7th was Public Health Day at the legislature. He attended the event and was able to meet in person with Senator Rolfes, and Representatives Hansen and Appleton. Prior to the event, Mr. Grellner reached out to all of Kitsap’s state legislators to let them know he would be available to meet with them.

Mr. Grellner told the Board that Kitsap Public Health played a role in the fate of several bills this session:

- HB 1476 – an Onsite Sewage Systems (OSS) bill from the 2017 session that local public health and Washington Association of Counties (WSAC) was able to kill last year, was revived again this year. The bill would have required additional unfunded mandates of local health jurisdictions. While Kitsap Public Health agreed with the policy angle of the bill, the unfunded mandate aspect was the reason for opposition. Opposing unfunded mandates was one of Kitsap Public Health’s legislative priorities this year. It appears as though the bill will die this year, too.
- HB 2420 – another OSS bill that would have had essentially the opposite effect of 1476. Kitsap Public Health opposed this bill, too. This bill would have undermined operations and maintenance programs (O&M) by prohibiting the requirement of access easements for septic systems on separate property from the building producing the sewage, and prohibited the requirement of an O&M contract being associated with the issuance of a permit. This bill also appears to be dead for this year.
- HB 1047 – the statewide secure medicine return bill, which proposes to replicate the local programs that Kitsap, Pierce, King, and Snohomish have adopted. Kitsap Public Health supported this bill provided there was not a preemption clause for local programs. After a lot of debate and immense pressure from the pharmaceutical industry, a compromise has been achieved and it appears this bill will go to the governor for final approval. Both the house and senate have passed it. If signed, as

- part of the compromise, this bill will preempt existing local programs 12 months after it goes into effect, however, it will move the responsibility for administering and enforcing the new law from local health to state health.
- Several tobacco and vaping to 21 bills (HBs 1054 & 2165; and SB 6048) that Kitsap Public Health supported did not make it through, but it is Mr. Grellner's understanding that one or more of them may be labeled as "necessary to implement the budget", so they were not subject to the bill cutoff and may still get passed.
 - It appears that Kitsap Public Health may be successful in getting the legislature to retain funding assistance for local health jurisdictions (LHJs) for their Group B water programs for another year. Although this does not provide much funding for Kitsap Public Health District (about \$20,000 every two years), it will assist the Health District until they can get a local program established.

Mr. Grellner informed the Board that Washington Department of Health (DOH) plans to sample a select group of Group A water systems (large water systems with more than 15 connections) for per- and polyfluoroalkyl substances, or PFAS for short. He explained that PFAS are chemicals associated with processes for making things stain resistant, water resistant, non-stick, and certain types of fire-fighting foam used frequently at military and aviation facilities. These chemicals have found their way to groundwater in many areas and cause negative health effects when they bioaccumulate in the body. He said there are 16 water systems at risk for PFAS contamination in Kitsap County, but no testing has begun in Kitsap County yet. He also said that, although there is no current drinking water standard for these chemicals, the state board of health and DOH are working to develop a water quality standard now. He said that water systems that have been identified for testing are located near a known PFAS contaminated site or a fire training, military, or airport facility that used PFAS-containing foam or other products.

Mayor Erickson asked what will happen if PFAS chemicals are found in Kitsap water systems, and if there's a treatment process that can be done. Mr. Grellner confirmed there is a treatment process and said the two places that recently had elevated levels of PFAS in the water are Airway Heights near Spokane and some areas of Whidbey Island near the naval air station. He explained that DOH takes additional samples around the aquifer the wells are drilled into, flushes the system, and then adds treatment to the water systems.

Mayor Putaansuu asked if the chemicals appear differently in shallow versus deep aquifers. Mr. Grellner said he doesn't believe DOH has come to a conclusion on that yet. He added that it was his understanding that Airway Heights doesn't have an aquitard, which is a layer of semipermeable soil between the surface of the ground and the groundwater that is tapped for drinking water. However, he believes that Whidbey Island wells do have an aquitard similar to that in Kitsap County. He explained that it may not be the depth to the groundwater that effects chemical levels, but rather the level of usage and length of time the chemicals were used.

Mayor Erickson expressed concerns about the cost of the testing and treatment within the cities. Mr. Grellner said he doesn't believe any of the city water systems were on the list of at-risk water systems. He clarified that it was mainly larger Group A community systems.

Commissioner Ed Wolfe said the Board had discussed changes to Group B water system regulations in 2017 and asked if there were any updates. Mr. Grellner said no changes were implemented, but the topic will be brought back to the Board in the next month or two.

Commissioner Wolfe also asked if the funding Mr. Grellner referenced earlier from the legislature was only for Group B water systems, which the Health District has not yet made changes to. Mr. Grellner confirmed and said the purpose of the funding was to help LHJs with funding while they work to develop their own local Group B program.

Next, Mr. Grellner said the Washington Department of Agriculture (WSDA) will be conducting aerial spraying for gypsy moths in late April to mid-May with an organic pesticide called “Btk” (*Bacillus thuringiensis kurstaki*) over an area near the south end of Bangor Subbase and the north end of Olympic View Road in Central Kitsap. He explained that gypsy moths are an invasive species that will rapidly defoliate forested areas, killing trees and creating fire hazards. The spraying is set to occur once the moth larvae begin to hatch in spring. He said WSDA does surveillance statewide, and their surveillance efforts found the moths in this area last fall. Btk is a naturally occurring bacteria that is found in soil and it is toxic to the moth larvae. Jim Zimny, Assistant Environmental Health Director, attended two open houses held by last week hosted by WSDA to inform the public. WSDA will release additional information before they begin spraying.

Mayor Erickson asked for clarification on when the spraying will occur. Mr. Grellner explained that the WSDA will monitor the area and can’t spray until the larva begin to hatch, which should be in late April to mid-May. He said the bacteria will be eaten by the larva, which kills them before they can cocoon and hatch into moths.

There was no further comment.

NURSE-FAMILY PARTNERSHIP

Ms. Katie Eilers, Director of Community Health, gave the Board a presentation regarding the Nurse-Family Partnership (NFP) program. Ms. Eilers explained that the NFP program in Kitsap County is a response to some of the perinatal health indicators from the annual indicator report. NFP is an evidence-based, community health program where registered nurses work with low-income women pregnant with their first child. Each new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits until her child reaches the age of two. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families — and the communities they live in — become stronger while saving money for state, local and federal governments. Ms. Eilers said the Kitsap program closely follows the national model, and therefore the program should see some of the same results locally that have been found in evidence-based trials throughout the United States.

Ms. Eilers said the NFP program started in Washington State in 1999 and has served 11,000 families through 15 counties and 12 agencies. She said many of the agencies with NFP programs are public health departments

Kitsap Public Health District began implementing NFP in July 2012 as part of a regional team with Jefferson County Public Health and the Port Gamble S'Klallam Tribe. The Kitsap NFP program maintains a caseload of 50 families and has served 150 families to date. A family will receive up to 64 home visits from a NFP Nurse over a 30-month period. There are three NFP trained nurses on staff at the Health District.

Ms. Eilers explained that the program is funded through a variety of sources, including the Washington State Department of Early Learning Home Visiting Services Account, 1/10 of 1% Chemical Dependency Therapeutic Court Tax, and Washington DOH Maternal and Child Health Block Grant in addition to local funding.

Ms. Eilers said the program was founded to focus on pregnant women during a crucial time when they are highly motivated to provide the best life for themselves and their infant, and when the baby is most vulnerable to negative influences and most receptive to positive influences.

Ms. Eilers explained that NFP's goals are as follows:

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances.
2. Improve child health and development by helping parents provide responsible and competent care.
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

She said there are five key components for successful implementation of the program:

1. First-time, low-income mothers with risk factors such as poverty, dangerous physical environment, isolation, young, uneducated, mental health issues, substance abuse, and history of neglect or abuse – Adverse Childhood Experiences (ACEs).
2. Registered Nurses are used because evidence-based trials have shown they are the most effective home visitor because of their knowledge, judgement and skills, credibility and perceived authority.
3. Intensive Services to learn parenting skills and acquire knowledge.
4. Focus on Behavior.
5. Program fidelity to the national model.

Nurses work with families over the following areas: personal health, environmental health, life course development, maternal role, family and friends, and health and human services utilization. The NFP program uses standardized assessments to gather baseline data and continue to follow up with clients over time, which provides evidence-based data for the program. She also shared research done over the last 30 years in New York, Tennessee and Colorado, and she noted that data is still being collected on the individuals from the original studies. The studies focus on moms who have received NFP intervention compared to a comparable control group who did not receive the intervention.

The studies have shown participants in NFP have significant increases in maternal employment; having a dad in the household; fewer injuries; fewer instances of neglect; reduction in childhood arrests at age 15; and positive outcomes around behavior or intellectual health at age 6, as compared the control group. Additionally, the children of moms who participated in NFP did significantly better in reading, math and language than the control group.

Ms. Eilers said research shows the program has long-term benefits for the families and society. She said Dr. Ted Miller of the Pacific Institute for Research and Evaluation reviewed 41 NFP evaluation studies and predicts that every dollar invested nationwide in NFP will yield a return on investment to government of \$2.90 and to society of \$6.40. She also said the program is growing and, as of September 2017, NFP programs are in 42 states, the U.S. Virgin Islands and several countries.

Next, Ms. Eilers introduced Nancy Acosta, Nurse-Family Partnership Program Supervisor, to read a testimonial from NFP graduate, Laura, about her experience with the program with her son, Felix. Ms. Acosta was Laura's NFP nurse. Laura's testimonial said that Ms. Acosta helped to relieve many of her fears of being a first-time mom during their first visit together. She also said Ms. Acosta visited her once a week and provided essential information that she relied on for Felix. Through the program, Laura learned that Felix had a motor speech disorder and enrolled him at Holly Ridge. He now excels in preschool and starts kindergarten in the fall. She said since joining the program and establishing family goals, her husband went back to college and she applied to Western Washington University to complete her bachelor's degree in human services, they moved from a rented room to a basement apartment and bought their first home in 2016, and she graduated with her Bachelor's degree in 2016. Laura now works for Housing Kitsap, where she feels like she is "paying it forward" by providing support to people in public housing. Laura said she is forever grateful to Ms. Acosta and the NFP program for helping her be the best mom she can be.

Commissioner Wolfe asked how many women were served in 2017 and if the funding was state or federal. Ms. Eilers said the Kitsap NFP program had about 50 women in 2017. The NFP program spends about \$8,000 a year on each woman through state and local funding.

Mayor Kol Medina commented that he has worked extensively with Ms. Eilers on Kitsap Strong, a county-wide project. Mayor Medina applauded Ms. Eilers' work and said he has enjoyed working with her. He also asked why the program only serves 50 families at a time and if it's due to lack of funding or lack of interest from new moms. Ms. Eilers said it is partially due to both lack of funding and interest, but also that the program requires aggressive referral networks because moms need to begin the program before their 28th week of pregnancy. Kitsap has a Community Health Worker who helps close gaps for referrals to the program so it can develop a waitlist. She said a waitlist will help leverage funding for expansion.

Mayor Erickson commented that she admires the NFP program for its intervention with adverse childhood experiences (i.e., ACEs) and investment in healthy families.

There was no further comment.

SOLID AND HAZARDOUS WASTE PROGRAM

Ms. Jan Brower, Program Manager of the Solid & Hazardous Waste Program (SHW), provided the Board with an overview of the SHW program. The SHW program enforces regulations that govern the handling, treatment, storage, transportation, and disposal of solid and hazardous waste in Kitsap County. These regulations include both local Health Board ordinances and Washington State Department of Ecology codes. Additionally, SHW work is included in, and coordinated with, the Kitsap County Comprehensive Solid Waste Management Plan (KCCSWMP), 1999 Edition.

Ms. Brower explained that SHW is comprised of a variety of program areas. These program areas include:

- Solid and Hazardous Waste Regulation policies and procedures
 - Secure Medicine Return Regulation (SMR)
 - Solid Waste Complaint Response
 - Homeless response coordination
 - Kitsap Nuisance Abatement Team (KNAT)
- Hazardous Sites and Closed and Abandoned Landfill (39) Management and Oversight
 - Gorst Creek Landfill Restoration Project
- Small Quantity Generator (SQG) Business Assistance Program-
 - Local Source Inspections – 286 business Technical Assistance visits during 2017
 - EnviroStars Business Incentive Program
- Solid Waste Permitting
 - Closed and Operating Landfills (5)
 - SW Handling Facilities (13)
 - Conditionally Exempt Facilities (17)
- Illegal Drug Lab Response, Assessment and Decontamination

Ms. Brower said SHW also develops various program policies and procedures, factsheets, and brochures. These materials assist the regulated community in complying with the various regulations and provide educational information to the public.

Her presentation gave examples of the kinds of complaints SHW receives with photos of sites they have visited. She said there are a variety of obstacles that can occur while trying to clean up a site, but noted they have methods for overcoming these obstacles. SHW works with adult and child protective services to assist people who need a guardian. She also said SHW can order a dumpster through the Clean Kitsap program for disposal on properties where the occupants can't afford disposal costs. Another obstacle is foreclosures, because often the banks don't have state or local contacts. However, she noted that the City of Bremerton recently passed an ordinance requiring foreclosures to provide a local contact.

Mayor Erickson asked if the SHW program considers a property to be a health hazard, if the city or county could then step in to pay for the cleanup and lien the property. Ms. Brower said that is a possibility and is usually handled through the KNAT. Mayor Putaansuu said the City of Port Orchard recently underwent code changes to enable the city to lien property.

Commissioner Wolfe commented that the County recently re-energized and funded the KNAT. He also said the Health District SHW team has been doing great work.

Ms. Brower continued the presentation and explained that the process can take quite a while. The SHW program has the authority to issue civil infractions. It can take up to 30 days with cooperative individuals and over three months if it goes to court. However, if an individual fails to appear at court, they are issued a second ticket. She noted that if the first ticket didn't receive a response, the second one likely won't either. Additionally, she said the KNAT has a backlog of over 100 complaints, so this is not a timely process.

Mayor Erickson asked if the time issue was due to a lack of resources and if dedicating more people to the program would speed up the process. Ms. Brower agreed that having additional people and money would certainly increase the capacity. Commissioner Wolfe commented that more money and people were added to the KNAT a couple of years ago and the program has seen a significant improvement since then. Ms. Brower agreed. Mayor Erickson said she would like to see even more resources go to this program, and said she'd like the cities to participate.

Mayor Wheeler said this is his first exposure to the program. He also asked if the SHW team works with the City of Bremerton. Ms. Brower confirmed that they do and said they coordinate complaints with the City of Bremerton, and that the program often works with jurisdictional code enforcement agencies on dangerous building assessments.

Mayor Wheeler also asked about the court process. Ms. Brower explained that the SHW program can issue civil infractions which either go to court to be found committed or are contested. If this process does not work, the complaint is referred to the KNAT for assessment as a nuisance property.

Mayor Putaansuu added that the program lost resources during the economic downturn, but the City of Port Orchard made a conscious effort to dedicate more resources to the program during the last budget session and pushed for the authority to take action on complaints.

Ms. Brower said the program is looking at improvements to infrastructures and policy to make these issues more manageable in the future. She also said the KNAT has the authority to recover money for these services, which the Health District does not have the authority to do. She said the KNAT is currently working on cleanup at 13 sites.

Mayor Erickson asked who the stakeholders are. Ms. Brower said the stakeholders of the KNAT include the Kitsap County Sheriff's Office, Kitsap County Public Works, Kitsap County Department of Community Development, Animal Control, city code enforcement, and Clean Water Kitsap.

Lastly, Ms. Brower said kiosks for the Secure Medicine Return program are scheduled to arrive in Kitsap County on March 1st and will be installed over the following two weeks. The program should be open to the public by April 1st.

Mayor Medina asked how the SHW program is funded. Ms. Brower explained the program gets majority of its funding from the Kitsap County Solid Waste Tipping Fee, grant funding, and permit fees.

Mayor Erickson thanked Ms. Brower for her presentation and said the SHW program has been very beneficial to the jurisdictions.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 3:07 p.m.



Becky Erickson
Kitsap Public Health Board



Keith Grellner
Administrator

Board Members Present: *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Mayor* Kol Medina; *Mayor* Rob Putaansuu; *Mayor* Greg Wheeler; *Commissioner* Ed Wolfe.

Board Members Absent: *Commissioner* Rob Gelder.

Community Members Present: Carol Larson, *League of Women Voters - Kitsap*; Cristina Roark, *Kitsap Strong*.

Staff Present: Nancy Acosta, *Public Health Nurse Supervisor, Parent Child Health*; Amy Anderson, *Public Health Educator, Public Health Emergency Preparedness and Response*; Angie Berger, *Administrative Assistant, Administration*; Karen Bevers, *Communications Coordinator and Public Information Officer*; Dana Bierman, *Community Liaison, Chronic Disease Prevention*; Jan Brower, *Program Manager, Solid and Hazardous Waste*; Daydra Denson, *Environmental Health Specialist 2-RS, Solid and Hazardous Waste*; Katie Eilers, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Yaneisy Griego, *Bilingual Community Health Worker, Parent Child Health*; Grant Holdcroft, *Program Manager, Pollution Identification and Correction*; Melissa Laird, *Program Manager, Accounting and Finance*; Dr. Susan Turner, *Health Officer, Administration*; Jim Zimny, *Assistant Director, Environmental Health Division*.